

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. Steven D. Morrison % Ward Merdes, Esq. Merdes Law Office, P.C. P.O. Box 71309 Fairbanks, AK 99707		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 01/20/2012	7. TIME (A.M. OR P.M.) 11:30 am	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). After exiting his vehicle at Eielson, AFB (Alaska) gate's "inspection tent" - Mr. Morrison handed his paperwork to the guard and turned, stepping on polished concrete that had not been maintained with appropriate snow removal and/or de-icer. His footing gave way. His right knee twisted.					
9. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). N/A. None. BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). N/A. None.					
10. PERSONAL INJURY/WRONGFUL DEATH STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. Mr. Morrison fell as his footing gave-way. His right knee suffered a torn meniscus and torn ACL. He has had two knee surgeries and extensive PT from the 01/20/2012 DOL to 01/08/2014. Medical bills >\$136K					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Unknown - Will Supplement		Unknown - Will Supplement			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE 0.00	12b. PERSONAL INJURY 1,600,000	12c. WRONGFUL DEATH 0.00	12d. TOTAL (Failure to specify may cause forfeiture of your rights). 1,600,000		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).		13b. PHONE NUMBER OF PERSON SIGNING FORM (907) 452-5400		14. DATE OF SIGNATURE	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)			

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STANDARD FORM 95 (REV. 2/2007)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

INSURANCE COVERAGE	
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.	
15. Do you carry accident insurance? <input type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. <input checked="" type="checkbox"/> No Claimant has Geico auto insurance. It is unclear whether this incident is covered. P.O. Box 509119 San Diego, CA 92150	
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Federal WC is involved. I have no idea if it is "full coverage or deductible." Geico is not involved.	17. If deductible, state amount. 0.00
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts). Uncertain. Medical bills have been paid by WC - I believe.	
19. Do you carry public liability and property damage insurance? <input type="checkbox"/> Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). <input checked="" type="checkbox"/> No	
<div style="text-align: center;">INSTRUCTIONS</div> <p>Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.</p> <p style="text-align: center;">Complete all items - Insert the word NONE where applicable.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY</p> <p>Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.</p> <p>If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.</p> <p>The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.</p> <p>If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.</p> </div> <div style="width: 48%;"> <p>DAMAGES IN A <u>SUM CERTAIN</u> FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES.</p> <p>The amount claimed should be substantiated by competent evidence as follows:</p> <p>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.</p> <p>(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.</p> <p>(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.</p> <p>(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.</p> </div> </div>	
<div style="text-align: center;">PRIVACY ACT NOTICE</div> <div style="display: flex;"> <div style="width: 50%;"> <p>This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.</p> <p>A. <i>Authority:</i> The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.</p> </div> <div style="width: 50%;"> <p>B. <i>Principal Purpose:</i> The information requested is to be used in evaluating claims.</p> <p>C. <i>Routine Use:</i> See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p>D. <i>Effect of Failure to Respond:</i> Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."</p> </div> </div>	
<div style="text-align: center;">PAPERWORK REDUCTION ACT NOTICE</div> <p>This notice is <u>solely</u> for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.</p>	

STANDARD FORM 95 REV. (2/2007) BACK

JAN 21 2014
DME

Greg Merdes, Law Clerk
Audrey Dean, Lead Paralegal
Allison Hauge, Paralegal
Lacy Ahumada, Paralegal
Mark Acord, AFI/Investigation
Jennifer Tucker, Paralegal Intern

Ward Merdes, JD/MBA

Lori Merdes, Office Manager

Danielle Cox, Administration
Jennifer Garmender, Records Tech.
Lee Ann Atencio, Administration
Kate Turner, Administration
Peggy Frank, Administration

Merdes Law Office, P.C.

January 17, 2014

Sgt. Walberg
EAFB - Tort Claims Office (JAG)
354 Broadway Unit 2B
Eielson AFB, AK 99702

Re: Our Client: Steven D. Morrison
SSN: [REDACTED]
DOB: [REDACTED]
Tort/DOL: 01/20/2012 @ EAFB Front Gate

NOTICE OF TORT CLAIM

Dear Sgt. Walberg:

Thank you for speaking with me on 01/15/14. As mentioned, I represent Steven D. Morrison regarding a tort claim against the US Government, arising 01/20/2012 at the Eielson Air Force Base front gate. Mr. Morrison had exited his PU, handed his paperwork to the MP, and was turning back to his PU when his footing gave way on an unmaintained surface. He fell, injuring his right knee's meniscus and ACL. He has previous damage to this same knee, years prior – which had been repaired with surgery. Two right knee surgeries and treatment *after* 01/20/2012 have run up more than \$136K in medical bills. Mr. Morrison's right knee is now a mess.

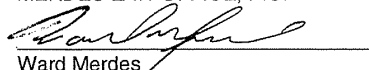
Pursuant to your instruction, enclosed is a Form 95. I also enclose an Evidence Rule 1006 Medical Billing Summary and an Evidence Rule 1006 Treatment Summary. Both are Bates linked to all relevant medical billings/treatment records. Please also see the enclosed single-page timeline, showing no medical TX for this same knee in the two years *prior* to 01/20/2012. Mr. Morrison's right knee worked well before 01/20/2012.

I respectfully ask for evaluation of this claim. Please have the appropriate person call me to discuss resolution at your earliest convenience.

I intend no waiver, nor estoppel in any context. All rights are reserved.

Thank you for your attention.

MERDES LAW OFFICE, P.C.


Ward Merdes
WMM/n

Encl.:

Federal Standard Claim Form 95 (2pp)
ER 1006 Medical Treatment Summary & Records (467pp)
ER 1006 Medical Billing Summary & Records (101pp)
Injury/Treatment Progression Timeline (1p)
Steven D. Morrison (w/o encls.)

c:

Board Certified Alaskan Personal Injury Attorneys
455 3rd Ave., Suite 225 • P.O. Box 71309 • Fairbanks, AK 99707 • (907)452-5400
Fax (907)452-8879 • Toll Free (866)452-3741 • www.merdes.com

DOCUMENTS PROVIDED
ARE LISTED ON BACK

01/17/14 Merdes Law Office, P.C. Letter (1p)
Federal Standard Claim Form 95 (2pp)
ER 1006 Medical Treatment Summary & Records (467pp)
ER 1006 Medical Billing Summary & Records (101pp)
Injury/Treatment Progression Timeline (1p)

Received by:


EAFB - Tort Claim Office (JAG), Agent

THALIA RUIZ

Date:

17 Jan 14

Morrison v. US et al.

ER 1006 MEDICAL BILLING SUMMARY AS OF 01/17/14	101 PGS
ER 1006 MEDICAL TREATMENT SUMMARY	467 PGS
NOTICE OF TORT	1 PG
STEVE MORRISON (R) KNEE INJURY/TREATMENT PROGRESSION TIMELINE	1 PG
STANDARD FORM 95	2 PGS